

## **REMARKS**

In the Office Action dated April 24, 2008, a typographical error was noted in claim 6, which has been corrected. Claims 5-7 were rejected under 35 U.S.C. §102(b) as being anticipated by Klotz et al. Claims 8 and 9 were rejected under 35 U.S.C. §103(a) as being unpatentable over Klotz et al in view of Goldhorn et al.

These rejections are respectfully traversed for the following reasons.

As noted by the Examiner and is apparent from Figure 4A of the Klotz et al reference, the device disclosed therein has a therapy C-arm formed by the components designated with reference numerals 14 and 16. A support arm 12 is connected to the C-arm via an articulation 13. The support arm 12 carries a therapy head at one free end thereof. As indicated in Figure 6, the articulation 13 permits rotation of the support arm 12 as indicated by the curved arrow  $w_2$  around the axis designated  $z_2/z_4$ . In terms of orbital movement (i.e. movement in the plane of the drawing shown in Figure 4A), however, the support arm 12 is fixed by the articulation 13 for co-movement with the C-arm formed by components 14 and 16. This can be seen in Figure 5 of the Klotz et al reference.

In the position shown in Figure 4A, the support arm 12 extends beyond the end of the C-arm formed by components 14 and 16. If the support arm 12 in the Klotz et al reference is assumed to correspond to the "carrier arm" in claim 5 of the present application, then the support arm 12 in the Klotz et al reference does not orbitally move, together with the therapy C-arm, between two end positions that are respectively limited by opposite ends of the therapy C-arm. This is because in the Klotz et al reference there is no orbital movement of the support arm 12 relative to the therapy C-arm.

Therefore, in the Klotz et al reference, it is not possible to align the support arm 12 in any position of the therapy C-arm by rotation of the support arm 12 around the axis  $z_2/z_4$  by  $180^\circ$ , so that it extends beyond the other arc end of the therapy C-arm.

This particular configuration capability, however, which is explicitly set forth in claim 5, achieves several advantages.

First, the C-arm in the structure set forth in claim 5 can be designed shorter compared to C-arms that are known in the prior art, such as in the Klotz et al reference. This is particularly apparent from Figure 2 of the present application. Through the design of the support arm in accordance with the present invention, and the rotatable mounting thereof, the therapy C-arm can be shortened so as to correspond to the arc segment 22, while still permitting the therapy head to be moved to positions that are achievable with a therapy C-arm according to the prior art only by the use of a longer therapy C-arm.

Additionally, an attending physician can be significantly limited in his or her freedom of movement by the conventional longer design of the therapy C-arm. The structure according to the present invention, in which the support arm is supported so that it can rotate on the therapy C-arm, and the therapy C-arm is thus designed shorter, presents much less severe limitations in the freedom of movement of the attending physician.

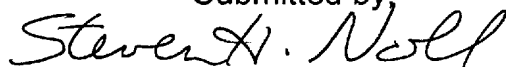
Applicants therefore respectfully submit that the Klotz et al reference does not disclose all of the elements of claim 5, as arranged and operating in that claim, and thus does not anticipate claim 5, nor either of claims 6 or 7 depending therefrom.

Moreover, there is no teaching or suggestion to modify the Klotz et al structure with regard to the above features, and in fact even it were possible to do so, this would represent a substantially re-design of the Klotz et al structure rather than a simple modification thereof. Therefore, even if the Examiner's statements concerning the teachings of the Goldhorn et al reference are correct, modifying the Klotz et al reference in accordance with those teachings still would not result in the subject matter of either of claims 8 or 9.

All claims of the application are therefore submitted to be in condition for allowance, and early reconsideration of the application is respectfully requested.

The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519.

Submitted by,



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